NAPIS Client Enrollment Form

Applicant Information

First Name: _____ Last Name:_____Gender: ____

Date of birth:____/_____/____ Social Security # (last 4 digits only):_____ __ -___ -_____

Address: _____

City: _____ State: _____ Zip Code _____-_____

Do you live alone? Yes: ____ No ____
Do you live in a rural area? Yes: ____ No ____
Would you consider yourself to be in poverty? Yes: ____ No ____
Race: _____

EMERGENCY CONTACT INFORMATION

First Name:_____Last Name: _____Gender: ____

Phone:_____ Cell Phone: _____Relationship:_____

NUTRITIONAL RISK ASSESSMENT (Congregate Meals Only)	Points	Check
I have an illness or condition that made me change the kind / or amount of Food I eat.	2	☐
I eat fewer than 2 meals per day.	3	☐
I eat few fruits or vegetables, or milk products.	2	☐
I have 3 or more drinks of beer, liquor or wine almost every day.	2	☐
I have tooth or mouth problems that make it hard for me to eat.	2	☐
I don't always have enough money to buy the food I need.	4	☐
I eat alone most of the time.	1	☐
I take 3 or more different prescribed or over-the-counter drugs a day.	1	☐
Without wanting to, I have lost or gained 10 pounds in the past 6 months.	2	☐
I am not always physically able to shop, cook and /or feed self.	2	☐
	Nutritional Risk Score:	

At Nutritional Risk Yes: ____ No ____ Date of Nutritional Risk Assessment: :____/_____/
I do not want information regarding nutrition education. _____

(Score 6+ = High Nutritional Risk)

Office Use Only

Registering for which programs(s):

Congregate Meals ☐ Senior Center Activities) ☐ Name of Center _____
Health Promotion ☐

Signature of person validating form: _ _____
Date Form Completed: ____ / ___ / _____ Age Verification Validated: _____